

Printed 02/09/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/061,084	04/15/1998	111	3671	9237/75
APPLICANT RICHARD J CRABB, NAPERVILLE, ILLINOIS; GUNTIS OZERS, WOODRIDGE, ILLINOIS; DAVID N SLOWINSKI, NAPERVILLE, ILLINOIS; CHAD M JOHNSON, LOCKPORT, ILLINOIS; DONALD JOHNSON, LOCKPORT, ILLINOIS; LISLE J DUNHAM, DOWNERS GROVE, ILLINOIS; JOHN F STUFFLEBEAM, ROMEOVILLE, ILLINOIS; THOMAS A OLSON, BOLINGBROOK, ILLINOIS; STEPHEN D BERRY, PLAINFIELD, ILLINOIS; THOMAS BROWN, ROMEOVILLE, ILLINOIS; GERALD J TIEDT, WILLOW SPRINGS, ILLINOIS.				
**CONTINUING DOMESTIC DATA*****				
VERIFIED	THIS APPLN IS A CIP OF 08/581,444 12/29/1995 PAT 5,974,988			
	and A CIP OF 08/702,294 08/20/1996 PAT 5,765,720			
	and A CIP OF 08/700,214 08/20/1996 PAT 5,740,747			
	and A CIP OF 08/700,225 08/20/1996 PAT 5,848,571			
	and A CIP OF 08/700,217 08/20/1996 PAT 5,839,378			
	and A CIP OF 08/700,222 08/20/1996 PAT 5,799,598			
**371 (NAT'L STAGE) DATA*****				
VERIFIED				
**FOREIGN APPLICATIONS*****				
VERIFIED				
Foreign priority claimed O yes O no				
35 USC 119 (a-d) conditions met O yes O no O Met after Allowance				
Verified and acknowledged		STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS
Examiner's Name Initials		IL	59	26
INDEPENDENT CLAIMS				
3				
ADDRESS BRINKS HOFER GILSON & LIONE POST OFFICE BOX 10395 CHICAGO , IL 60610				
TITLE SEED PLANTER APPARATUS AND METHOD				
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit	
\$*1052				

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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/061,084	04/15/1998	111	3671	9237/75

APPLICANT

RICHARD J CROFT; GUNTIS OZERS; DAVID N SLOWINSKI; DONALD JOHNSON;  
LISLE J DUNHAM; JOHN F STUFFLEBEAM; THOMAS A OLSON; STEPHEN D BERRY;  
THOMAS BROWN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 06/10/1998

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	Examiner's Name Initials		59	26	3

ADDRESS

BRINKS HOFER GILSON & LIONE  
POST OFFICE BOX 10395  
CHICAGO , IL 60610

TITLE

SEED PLANTER APPARATUS AND METHOD

FILING FEE RECEIVED  \$****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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